

If Your Patient has Very High ESR with No Obvious Cause Do not Forget to Ask for CRP Levels

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In the past, I have often written the value of high ESR*. Though infections are the most common cause of raised ESR, connective tissue disorders come as the next common cause. If C Reactive Protein test is asked for, one would find that it is elevated in most of the infections as an acute phase reactant. However in most of the connective tissue disorders like SLE, the CRP remains normal though the ESR is very high.

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In rheumatic fever and arthritis, if the CRP is normal, one should ask for more tests to exclude connective tissue disorders.

References

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NON-LABORATORY-BASED PREDICTION OF CARDIOVASCULAR RISK

In today's Lancet, Thomas Gaziano and co-workers report that risk assessment on the basis of blood pressure, smoking status, reported diabetes status, current treatment of hypertension, and body-mass index (BMI) was similar to one with laboratory testing.

They used BMI as one of the variables of the cardiovascular risk score. BMI and waist circumference are independently associated with cardiovascular risk.

They suggest that initial screening without blood testing will mean treatment can be started sooner (without the added cost or inconvenience of laboratory testing), and that such screening will minimize potential loss to follow-up due to extra steps in testing. Those assertions, however, are debatable. Although cost and inconvenience of laboratory tests, such as blood cholesterol and glucose assays, are important barriers to the management of cardiovascular risk in low-resource settings.

The Lancet, 2008; 371 : 878.